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HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAU

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)						
PARTI LOBBYIST						
NAME(Last)	(First)	(Middle)	TELEPHONE			
Gold	Joy		808-524-3770			
MAILING ADDRESS (Street)	•		FAX			
1136 Union	Mall, Ste 403		808-540-0415			
(City)	(State)	(Zip	Code)			
Honolulu	Hawaii	H813				
EMPLOYING ORGANIZATION (Fill in on	ly if you are employed by a business entity wh	ich has been retained to lobby)	TELEPHONE			
	MA					
MAILING ADDRESS (Street)			FAX			
(City)	(State)	(Zip	Code)			
PART II ORGANIZATION						

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Hawaii Crop Improvement Association	808-879-4074
MAILING ADDRESS (Street)	FAX
% 2111 Pillani Highway	808-879-0499
(City) (State) (Zip	Code)
Kihei Hawaii 36753	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Paul H. Kochler	808-879-4074
MAILING ADDRESS (Street)	FAX
2111 Pillani Highway	808-879-0499
(City) (State) (Zi	Code)
Kihei HAWaii 96753	

PART III DESCRIPTION	OF SUBJECTS UPON WHICH	YOU EXPECT TO LOBBY	
X Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations International Affairs	i, Tourism & Recreation
X Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	X Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	
PART IV CERTIFICATION	N OF LOBBYIST		
	information,fyrnished above is	s, to the best of my knowledge	e, correct and complete.
	ma Guld	Dea	M SANY
	(Signeture of Lobbvist)		(Date)
	(Signature of Lobbyist)		(Date)
PART V AUTHORIZATIO	N TO LOBBY		
NAME		TITLE OF AUTHORIZING OFFIC	ER OR PERSON REPRESENTED
Paul H.	Koehler	President, Ho	CIA
NAME OF ORGANIZATION (if app		11	ELEPHONE
Hawaii C	up Improvement	t Association	808-879-4074
MAILING ADDRESS (Street)		F	AX
2111 P	ilani Hiahwa	1. Kihei HI 96953	808-879-0499
	(Chath)	(Zip Co	de)
(City)	(State)		•
	bove - named person to enga	ge in lobbying activities on be	half of the undersigned.
I hereby authorize the a	Habler	12/	half of the undersigned.
I hereby authorize the a	bove - named person to engage Control Control	12/	half of the undersigned.